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August 6. 1986 State of California—Health and Welfare Agency Department of Health Services Toxic Substances Control Division Secremento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Information in the shaded areas is not required by Federal Document No. WASTE MANIFEST C A X 10 10 10 10 13 18 10 13 14 3. Generator's Name and Mailing Address A State Manifest Document Number F. M. Thomas 231 Gemini, Brea, California Generator's Phone (714) 738-1062 Transporter 1 Company Name US EPA ID Number C. State Transporter's ID F. M. Thomas C A X 10 10 10 10 13 18 10 13 14 D. Transporter's Phone 714/738-1062 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Pesignated Facility Name and Site Address US EPA ID Number G. State Facility's ID Omega Recovery Services CAD042245001 12504 E. Whittier Blvd. H. Facility's Phone Whittier, CA 90602 C A D 0 4 12 12 14 15 10 10 11 213/698-0991 12. Containers 13. Total 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. No. Туре Quantity Wt/Vo Hazardous Waste, Liquid N.O.S. NA 9189 ORM-E (R-11) b. C. d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above RO1 15. Special Handling Instructions and Additional information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name Signature 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature BINNO 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature

19. Discrepancy Indication Space

ECIEVED 453 165

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

rinted/Typed Name AUIER ERNIANDES Signature

Month Day

Month Day

Year

DHS 8022 A (11/85) (EPA 8700-22)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 80 DAYS To PO Box 3000, Sacramento CA 95812